



OFFICE ONLY:
PAYMENT AMOUNT:
DATE:
CHECK/CASH:

CITY OF BLUE LAKE
2009 SUMMER RECREATION PROGRAM
DATES: JUNE 16-JULY 31, 2009
DAILY HOURS: 9:30-3:30 p.m.
EXTENDED CARE AVAILABLE-SEE SEPARATE FORM

REGISTRATION FORM

NAME OF CHILD _____ AGE _____
NAME OF PARENTS OR GUARDIAN _____
STREET ADDRESS _____ MAILING ADDRESS _____
CITY _____ ZIP _____ PHONE NUMBER(S) _____

WILL YOUR CHILD WALK HOME AT THE END OF THE DAY? YES NO
IF NO, PLEASE LIST THE NAMES AND RELATIONSHIPS OF THE PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:

I WISH TO ENROLL MY CHILD IN THE: FULL PROGRAM WEEKLY PROGRAM DAILY
DO YOU NEED EXTENDED CARE? (MORNINGS 8-9:30 AM AND/OR AFTERNOONS 3:30-5:30 P.M.) YES NO
IF YES, PLEASE FILL OUT A SEPARATE FORM FOR EXTENDED CARE, ADDITIONAL CHARGES APPLY.

PLEASE MAKE CHECKS PAYABLE TO THE CITY OF BLUE LAKE. PAYMENTS DUE BY JUNE 15, 2009

	RESIDENT*	NON-RESIDENT
PROGRAM FEE (FEE SESSION)		
FULL SEVEN WEEKS:	\$200.00	\$225.00
WEEKLY SESSIONS:	\$60.00	\$75.00
DAILY:	\$15.00	\$18.00

WE DO NOT OFFER A ½ DAY RATE

***BLUE LAKE SCHOOL DISTRICT**

FREE HOT LUNCH PROVIDED!

LIABILITY WAIVER

*I hereby give my permission to allow (child's name) _____
to participate in the activities offered by the Summer Youth Program. I understand that this
waiver of liability protects the City of Blue Lake, its Parks and Recreation Department, and all
employees from any and all injuries, physical and mental, that occur and/or are alleged to occur
to the child during these activities the child undertakes on his/her own. I understand that the City
be held free and harmless from any and all liability claims, demands, damages, costs, expenses,
resulting from participation in the activities of the Summer Youth Program.*

Signature of Parent or Guardian: _____ Date: _____